

2016 Premium Rates for COBRA \$600 Plan

Plan	Class of Coverage	2016 Total Premium	COBRA w/ 2% Rate	Monthly Rate w/ Vision	Monthly Vision Cost
UHC	Employee Only	\$658.09	\$ 671.25		
	Employee & One Dependent	\$1,207.22	\$1,231.36		
	Employee & Two or More Dependents	\$1,627.17	\$1,659.71		
	One Dependent Only	\$549.13	\$ 560.11		
	Family Only	\$969.08	\$ 988.46		
Delta	Employee Only	\$25.30	\$ 25.81		
Dental	Employee & One Dependent	\$65.42	\$ 66.73		
	Employee & Two or More Dependents	\$65.42	\$ 66.73		
	One Dependent Only	\$40.12	\$ 40.92		
	Family Only	\$40.12	\$ 40.92		
Total Medical and Dental Premiums					
	Employee Only	\$683.39	\$ 697.06	\$702.47	\$ 5.42
	Employee & One Dependent	\$1,272.64	\$1,298.09	\$1,306.85	\$ 8.76
	Employee & Two or More Dependents	\$1,692.59	\$1,726.44	\$1,739.94	\$ 13.49
	Dependent Only	\$589.25	\$ 601.04	\$606.45	\$ 5.42
	Family Only	\$1,009.20	\$1,029.38	\$1,042.88	\$ 13.49